OFFICE OF REGULATORY SERVICES
DEPARTMENT OF JUSTICE & COMMUNITY SAFETY

GPO Box 158, Canberra ACT 2601
Ph: (02) 6205 0200 **Fax:** (02) 6205 0336
E-mail: workcover@act.gov.au
Website: www.workcover.act.gov.au

I, _____ desire to commence the erection of a Lift
(Name of lift company representative giving notice)

of _____ metres travel at _____
(name and street address of the building)

Block Number _____ **Section Number** _____

on _____ For and on behalf of
(Date) *Name of Company Name*

:

Company Address:

Phone: _____ Fax: _____

Signature: _____

Date: _____

Description of lift

Lift Number: _____ (State the number that will be allocated to the lift)

Type of Lift: ☐ Passenger ☐ Goods ☐ Service ☐ Disabled Acccess

Standard to which the lift is built _____ *(State the particular standard eg 1735.14)*

Are there any deviations from the above standard? ☐ No ☐ Yes (If Yes, please attach details)

Drive: ☐ Traction ☐ Hydraulic ☐ Roped Hydraulic ☐ Screw ☐ Other _____ *(Specify)*

Number of floors served _____ Maximum load _____ kg _____ Persons

Number of car entrances _____ Speed _____ m/s Car floor dimensions _____ mm x _____ mm

Car weight _____ kg Counterweight _____ kg

		Section Type	Size		
Car Construction	Crosshead	_____	_____		
	Under beam	_____	_____		
	Side members	_____	_____		
Guide Rails	Car	_____	_____	☐ Oiled	☐ Dry
	Counterweight	_____	_____	☐ Oiled	☐ Dry

Distance between: Car Guides (horizontal) _____ mm Car shoes (vertical) _____ mm

Rail supports _____ mm

Clearance with car on top floor: Top – mechanical _____ mm Top – man _____ mm

Shoe type: Car _____ Counterweight _____

		Type	Model	Maker	Governor Type
Safety Gear:	Car				
	Counterweight				
		Type	**Stroke (mm)**	**Maker**	**Clearance (mm)**
Buffers:	Car				
	Counterweight				

Additional information to be supplied

Driving Machine

Motor: Type (field windings) _____ Power _____ kW Speed _____ RPM

Maker _____ Gear Ratio _____

Control: Make _____ Maximum Voltage _____

Power supplied by _____ at _____ volts

Sheave diameters: Machine _____ mm Diverting _____ mm Compensating _____ mm

Ropes/Chains	**Rope or Chain**	**Qty**	**Dia. (mm)**	**Rope Construction**	**Breaking Load (kg)**	**Length (m)**	**Make**
Car							
Counterweight							
Compensating							

Dia of driving screw (if applicable) _____

Hydraulic Components (if applicable)

Ram: Material _____ Dia. _____ mm Working stroke _____ mm

Max stroke _____ mm

Cylinder: Int. dia. _____ mm Ext dia. _____ mm

Control valve: Type _____ Make _____

General Information

Enclosure (lift shaft) material _____

Enclosure door interlocking types or model _____

Builder (name) _____

Consulting engineer (name) _____

Architect for building (name) _____

Owner of building (name) _____

Lift to be erected for: _____

Particulars of plans submitted: _____